

SOLID/GAS FUEL BURNING APPLIANCES, CHIMNEY APPLICATION

Town of Sullivan
Fire Inspector-Bill Pindle
7507 Lakeport Road
Chittenango, New York 13037
(315) 633-9333

Property Owner: _____ Date: _____

Project Address: _____ Daytime Phone: _____

Tax Map #: _____ Zoning _____ Subdivision name _____

Estimated value of Work-Materials and labor: \$ _____

Contractor: _____ Contact Person: _____

Address: _____ Phone #: _____

Project Use: ☐ Residential ☐ Commercial ☐ Other: _____

Type of construction of structure where Solid Fuel Burning Appliance or Chimney is to be installed:

☐ Mobile Home ☐ Masonry ☐ Pre-manufactured Home ☐ Steel ☐ Wood Frame

☐ Outside stove/boiler ☐ Other

This appliance will be connected to: ☐ New Chimney ☐ Existing Chimney**

** ☐ Previously used for Solid Fuel Appliance

** ☐ Previously used for Non-Solid Fuel Appliance

Type of Appliance:

☐ Fireplace ☐ Masonry ☐ Zero Clearance ☐ Fireplace Insert ☐ Freestanding Stove ☐ Hearth Stove

☐ Furnace ☐ Boiler ☐ Other: _____

Fuel to be used:

☐ Wood ☐ Coal ☐ Pellets

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Location of Appliance:

☐ Basement ☐ Living/Family Room ☐ Kitchen ☐ Furnace Room ☐ Other: _____

Use: (Check all that apply)

☐ Primary Heat ☐ Decorative ☐ Supplemental Heat ☐ Cooking

Appliance Flue Discharge Size: _____ inches

Type of Floor Protection under and around Appliances

(Describe): _____

Is this Appliance Listed as APPROVED by a Certifying Agent? ☐ Yes ☐ No

Agency: _____

Manufacturer: _____

Model (name or number): _____

Applicant Certification: I hereby certify that I have read the instructions and examined this complete application and know the same to be true and correct; that all work done under this Permit will comply with the requirements of the New York State Uniform Fire Prevention and Building Code, the Town of Sullivan Zoning Ordinance and all other applicable regulations. I also understand that the granting of this Permit does not presume to give authority to violate or cancel the provisions of any other State or Local Law regulating construction or land use or the performance of construction.

INSPECTION ARE REQUIRED: I understand that I am responsible to ensure that the required building inspections are performed as construction progresses and that in no case shall construction proceed beyond and required inspection until such construction has been approved by the Code Enforcement Officer.

CONSENT TO ENTER PROPERTY: I recognize that by signing this application, I am giving consent to employees of the Town of Sullivan to enter the subject property for the purpose of ascertain compliance with the Permit.

Signature of Owner of Premises: _____ Date: _____

OFFICIAL USE ONLY

Date Submitted:	Date Approved:	Approved by:
Permit #:	Date Denied:	Denied by:
Permit fee:	Reason Denied:	Date notified: